Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	1	(M	1
F	OR ST ALTH	AT	1
HE.	ALTH	DEPT.	
This certificate should be executed within 24 hours after death. If any delay is	icate, writing the word "pending" in pencil in Tien 18. Give Pages 1, 2, and 3 to be forwarded to the Chief Medical Examiners Cont. along with form PM3. Page	l be used as a borial-tronsit permit. File pages lond 2 with the State Department of r to buriol, cremotion, or removol, and in any event within 72 hours ofter death.	9
-	00	No.	

necessory, please execute the certificate, writing the word "pending" in pend the funeral director. Page 4 should be forworded to the Chief Medical Examins may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File page a,E 0

Health or its designated agent, prior to buriof, cremotion, or removal, and

	0384	4	MEDI	CAL EXAMINER'S	CERTIFICATE (	OF DEATH	0	383	4					
	PLACE OF DEATH O. COUNTY HOWA	rd		MARYLAND	2. USUAL RESIDENCE o. STATE Maryla:	(Where deceased lived, if institution b. CO)			dmission	1)				
	<ul> <li>b. CITY OR TOWN ( write RURAL and</li> </ul>	f autside carparate limit give nearest town)	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Elkridge									
		AL OR INSTITUTION (If n			d. STREET ADDRESS			e. IS	S RESIDE	ENCE RM? NO X				
3.	NAME OF DECEASED	F	irst	Middle	l Kynes	4. DATE Mo		Day	Year					
	(Type or print) SEX	6. COLOR OR RACE	7. MARRIED	-	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER Manths	I YEAR IF	UNDER :	24 HRS. Min.				
100	Male  USUAL OCCUPATION  ing most of working	White (Give kind of work done life, even if refired)	IND	ID OF BUSINESS OR DUSTRY	Sept. 29,189	e or fareign cauntry)		TIZEN OF W	HAT					
	Retired FATHER'S NAME			Taxi Driver	Baltimore, 14. MOTHER'S MAIDEN					_				
	WAS DECEASED EVE	Bujanowsk: R IN U.S. ARMED FORCES? (If yes give war ar dates	af service)		? INFORMANT . Mazel Buja	Add	ress Lane, E	lkrid	,M	d				
	PART I. DEAI  H 4 3  Canditians, if any, nse to immediat stating the underlast.	which gave e couse (a), elying cause	(a) Cer 10 (b) Hy 10 (c)	pertensive ca	rdio vascul			JO m	AL BETW AND DE	S				
CERTIFICATION	20a. EXTERNAL CA PRIMARY 🗆 or COI	PART   I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)												
MEDICAL CI	CAUSE OF DEATH.  20c. TIME OF INJUINED FOR DEATH.	10	20d. IN While at work	Not White fac	CE OF INJURY (Home, fari ary, street, affice bldg., etc		(Ca	unty)	(5)	tate)				
	21. I certifi death result		e of the rem	Accident , Suid	ide , Hamicide CHIEF MEDICAL	Undetermined r	quiry <b>X</b> , manner	and in	my o					
	EXAMINER'S NAME (Type)	George E. Bi	retorf	MD 42 Chir	DEPUTY MEDIC	dical examiner [] Cal examiner [] Line whit or Gairby, Mr.	i	3-19-						
230	BURIAL, CREMATIC REMOVAL (Specify Burial	N 236 DATE TH	IEREOF	23c. NAME OF CEMETERY OR Meadowridge		23d LOCATION (City or I Elkridge,	own)	(County)		ate)				
24 F	FUNERAL DIRECTO			ADDRESS	2So REC	D BY REGISTRAR 25b. I	REGISTRAR'S S		100					

VR A15ME M

TO DEPUTY MESTAL EXAMINER:

FOR STATE HEALTH

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page amy delay is This certificate shauld be executed within 24 haurs after death. If

and 2 with the State Department of Nent within 72 haurs after death. Health or its designated agent, priar ta burial, crematian, or remaval, and

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0384	5	MED	ICAL EXAMIN	IER'S	CERTIFICATE O	F DEA	TH		038	35		
0. (	CE OF DEATH			MARY	LAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE b. COUNTY Marvland Howard							
b. (	ITY OR TOWN (If	autside corporate limi	is,	c. LENGTH OF STAY IN	N lb	c. CITY DR TOWN (If outside carporote limits, write RURAL and give nearest town)							
	lenwood	give nearest town)				Glenwoo	od.			13	-1		
		OR INSTITUTION (If n	ot in hospital,	give street oddress)		d STREET ADDRESS				8	IS RESI	DENCE	
	Roxbury	Posd				Roxbury	Dond				ON A F	NO T	
3. NAME OF First Middle						Lost	4. DATE	Mor	ith	Doy	Уe		
DEC	EASED	JON	BLISS	de Witt		2001	OF	25			19	SI.	
S. SEX	pe or print)	6. COLOR OR RACE	7		TWO I	B DATE OF BIRTH	DEAT		IF UNDES		-	R 24 HRS	
			7. MARRIED	NEVER MARRIED	LAL			9. AGE (In years last birthday) yrs.	Months	Days	Hours	Min.	
100		Maite	WIDOWED	DIVORCED	, L	Mar. 2,1949							
10o. US during	most of working lings to Stude	Give kind of work done le, even if retired) <b>N.C</b>		IND OF BUSINESS OR NOUSTRY		Canton, Oh		country)		ITIZEN OF OUNTRY?	WHAT		
	THER'S NAME		4			14. MDTHER'S MAIDEN					-		
	Wall	ace de Wit	t Jr.			Jean Conr	ier						
IS. W	AS DECEASED EVED	IN ILS ADMED ED PEECS	1 16	SOCIAL SECURITY ND.	17. 1	NFORMANT		Add	ress		-		
(Yes, n	o, or unknown) (	f yes give war or doles	of service)		787-27	Llace de Wit	th Too	Clawro	A 163				
		TH (Enter only one co	11 1	1.1.211 1.1.11	71 %	TTOCE GO NIT	OU OI	GECHIOC	AL SECT	LINE	RVAL BET	DATEFAL	
ris ste lo:	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.												
ATION	ART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO 1	THE TERMINAL DISEASE COI	NDITION GIV	/EN IN PART I(o)		19. YE	WAS AUT PERFORM S	ED? NO 🔀	
E P	Do: EXTERNAL CAU RIMARY [] or CON' AUSE OF DEATH.		20b. DI	ESCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port 1 or Po	ort II of item 18.)					
MEDICAL 30	Oc. TIME OF INJUR Hour o.m. p.m.	Y Month, Day, Year	20d. I While of wor			CE OF INJURY (Home, farm ory, street, office bldg., etc.		(City or town)	(0	ounty)		(Stote)	
SI E) N	death resulte	d fram: Natur Roman homas F. H	al causes [20]	, Accident [],	Suice	CREMATORY	EXAMINER DICAL EXAMINED AL EXAMINED t, city, town	Indetermined in Indetermined Indetermi	Chuk 156H own)		2. DATE		
24. F	UNERAL DIRECTOR		-	ADDRESS		2SpREC	D BY REGIST	IRAR 2Sb	CISTRAR'S	SIGNATUR	E .		
		othom, Ell:	icott 0			MAR	D BY REGIST	1966 /	Marie	es for	del	1	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03836

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	Keg, Dis	7. No.
1. PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence u. STATE b. COUNTY.	e before admission)
Howard	Maryland Howard	
b. City OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest lown)
Fulton	Highland	13-1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Simons Rest Home	d. STREET ADDRESS	W. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First Middle	Last 4. DATE Month	
OFCEASED (Type or print)  MARY CLARK DORSEY	4. DATE Month OF DEATH Mar. 28, 1	.966 19
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Aug. 3, 1886 (ast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CIT	ZEN OF WHAT COUNTRY
At. Home	Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wm. T. Clark of T	Mary Vitginia Dorsey	
	NFORMANT Address	
[It yes, give wor or doles of service] No None	Mrs. Arthur Eyre, Highland, Md	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOUTE CA	ARDIAC FAILURE	ONSET AND DEATH
421 DUE TO		
CORONARY	SCLERUSIS	20 Vno
gave rise to immediate	10 0/01/10	20 110
cause (a), stating the under-		
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3		YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20b. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)	
	ACT OF BUILDY BL	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40e. PU fac. pt. p. m. 19 While at work of work	ACE OF INJURY Irlame, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (State)
57	35 1948 to 3/25 1966 that 11	
21. I certify that I attended the deceased from.		ast saw the deceased
alive on 3/07, 19 0 and that death	occurred at AM, from the causes and on the	e date stated above
101 1115	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Moths & Wint The	M.D	
PHYSICIAN'S CHARLES S. WHITAKI	ERMO, CLARKSVILLE, M.	0 3/28/6
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
Btrial 3-31-1966 St. Marks	Highlnad . Md	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	249. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
F.C. Higinbothom, Ellicott City, Md	MAR 30 1966 golianles	Judan

may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR

after death. Page

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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W. T.	SELECTION CONT.	
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	E MIGNET	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH O. COUNTY HOWARD COUNTY b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
HOWARD COUNTY ELKRIDGE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS SHARFFER NURSING HOME 43 HUNT CLUB ROAD 21227 NOXIX 3. NAME OF Middle Lost 4. DATE Month DECEASED HAROLD BRACE . FISHER MARCH 29. DEATH (Type or print) IF UNDER I YEAR LIF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 81 vrs OCTOBER 30, 1884 WIDOWED XX DIVORCED WHITE MALE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? A. during most of working life even if retired)
DEPUTY SHERIFF RETTRED SPRINGFIELD, MASSACHUSET 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JENNIE R. GRANT WILLIAM E. FISHRR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service) MR. HAROLD W. FISHER, 43 HUNT CLUB ROAD #27 229-44-2369 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) vungaic-20m. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. ot work the deceased fram 2/15, 1965, ta 3/25, 1966 that (1) (we) last 1966, and that death accurred at 2/2 PM, fram causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased fram\_ 3/25-19\_66that (1) (we) last saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) SPRINGFIELD, MASSACHUSETTS 4-1-66 SPRINGFIELD CEMETERY 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UBBARD FUNERAL HOME, 4107 WILKENS AVEN**EE** 21229

and 2 death. requires that the death contificate be executed within 24 liours after death UDQ 103 ave remaya signed by the burial-transit by has been Health O FUNERAL DIRECTOR: After this certificate 10 be retained director, page should be filed Page 4 may

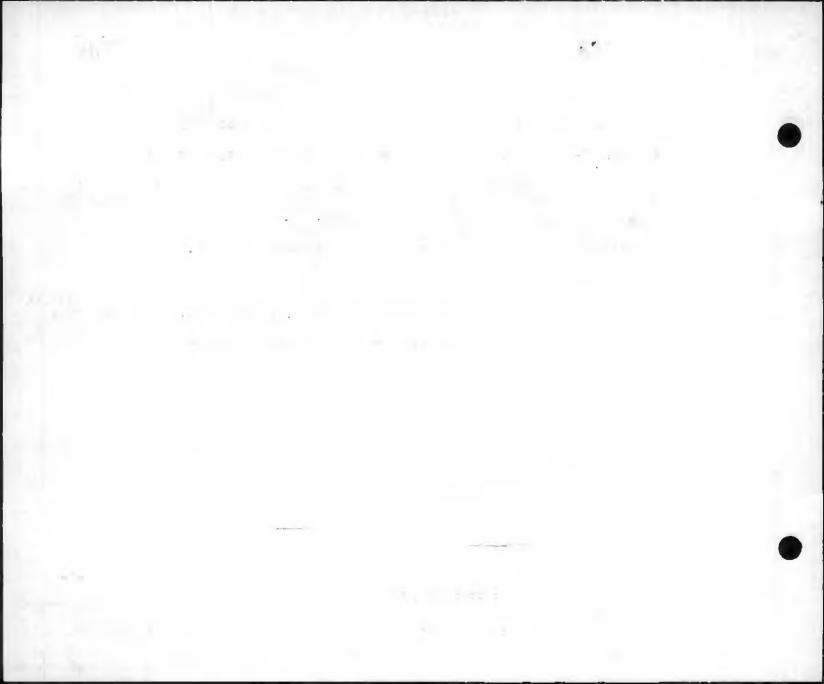
VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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LOK 2	WIFTA	-	0003	20	111661	4714 4717 1111111		CENTILITATION	01 02/1/11	()	000	)
HEALTH	DEPT	1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed live		tesidence befo	re odmission)
ay is 3 ta Page	to ti		o. COUNTY	oward		MARY	LAND	o. STATE Mai	cyland	b. COUNTY	Howar	d
delay and 3 A3. Pag	dea		b. CITY OR TOWN (	If outside corporate fimit	ts,	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If	outside corporote lim	ts, write RURAL o	nd give neare	st town)
ond and PM3. P	E E			l give negresi town) 1arksvi11e				E11	licott Cit	v	13	-1
64	aft			AL OR INSTITUTION (If n	ot in hospital, giv	re street oddress)		d. STREET ADDRESS	LICOLD OIL	2		e. IS RESIDENCE ON A FARM?
fter death. If a Give Pages 1,	State Department of 2 hours after death.	6	New Rte.	32-1 blk. S	S. of Cl	arksville	M.D	Bethany	Lane, Pir	e Orcha	rd	YES NO
death e Page with f	tat		NAME OF		irst	Middle	, , , ,	Lost	4. DATE	Month	Do	
de Pe With	0		DECEASED (Type or print)		ORGE	GILBERT		JOHNSON	OF DEATH	March		2 19 66
after d B. Give	within	S.	SEX SEX	6. COLOR OR RACE	7. MARRIED X			DATE OF BIRTH	9. AGE	(In years   IFL	INDER 1 YEAR	
0 00 0	× 8 3		Male		WIDOWED [	DIVORCED	_ 1	reb. 26, 19	925   lost		nths Boys	Hours Min.
haurs Item I	and a w	10	o USUAL OCCUPATION	Negro (Give kind of work done	105 KIN	D OF BUSINESS OR	<u> </u>		te or foreign country)		12. CITIZEN O	DF WHAT
24 h in Ite	I O	dı	ring most of working Caretake	lite, even if retired)	INDI	hurch			City, Md.		COUNTRY	
n 24 il in l	pages 1		FATHER'S NAME					14. MOTHER'S MAIDER				
within 2 n pencil in Examiner	od .u	0	tis Johns	on				Hattie				
d w Exg	File	1	WAS DECEASED EVE	R IN ILS ARMED FORCES?	16.50	OCIAL SECURITY NO.	17. 1	NFORMANT	_	Address	ប	774 44
g: B	al,	(	es, no or unknown)	(If yes give war ar dotes	1	-18-8323		Gladys Je	obnson Rte	2 Box	355	City
thauld be executed ward "pending" in the Chief Medical E	burial-transit permit. matian, or remaval,	-		EATH (Enter only one co			1		71110011 1100	, L QX		TERVAL BETWEEN
be en "pen	Sit		PART I. DEAT	TH WAS CAUSED BY:	Hv	pertensive	e car	diovascula	r disease			NSET AND DEATH
d b	trari		442	IMMEDIATE CAUSE	(0)							
should e ward o the Ch	a burial-tra		Conditions, if ony									
sh he to	bul		rise to immediat	e couse (o), (	(b) TO				· · · · · · · · · · · · · · · · · · ·			
cate ng t ed	S d		stoting the under	rlying couse	(c)							
s certificate shauld s, writing the ward farvarded to the Ch	used as burial, a		PART II. OTHER SI	GNIFICANT CONDITIONS		DEATH BUT NOT RELA	ATED TO I	HE TERMINAL DISEASE C	ONDITION GIVEN IN F	ART I(a)	119	. WAS AUTOPSY
-		9 8	TARK III O MER SI	The second secon	CONTRIDE NO	DOT NO. NEO	1100 10 1	TE TEMPORE BIOLEGE E	onomina diventin	ent dol		PERFORMED? YES K NO
ER: This certificate, auld be fa	be r to	CERTIFICATION	20o. EXTERNAL CA	USE WAS	20h DESC	RIBE HOW INTERY OF	CURRED (	Enter noture of injury i	n Port I or Port II of	item 18.1		10 E 10 C
	orio		PRIMARY Or COL CAUSE OF DEATH.		200.000	and the moon of	comes, (	cities states or injusty.		10.11		
EXAMINER: ute the certifi age 4 should	ge 3 shauld agent, prior	3	20c TIME OF INII	JRY Month, Doy, Yeor	20d. INJ	URY OCCURRED	20e PLAC	E OF INJURY (Home, fo	rm. 20f. (City	or town)	(County)	(Stote)
the 4 sh	Je 3	MEDICAL	Hour on	n.	While	Not While		ry, street, office bldg., et				()
EX.	~ B ~		0.1	y that I took charg	of work		aua hal	d an Autaneu 🕏	. Inspection [	7. Inquiry		d in my opinio
_ < ×	pirector: y		death result	/ /	gri causes 🛪			de , Homicio		mined manne	-	a in my opinio
Se (se charged	Ped Srig		dedit leson	ed Hum.	or cooses [ A	, Accident 12,	3010		AL EXAMINER	mined monne	sı 🗀	
MEMCA please ex directar.	- O		ACTUAL	16/14	Heiler	and.		ACCIOTANT AN	EDICAL EXAMINER			22. DATE SIGNED
	La plant		SIGNATURE	- CA		VOUS !		_ 84,0.	CAL EXAMINER		3	-2-66
DEPUTY cessary, e funeral	FUNERAL FUNERAL Softh or it	-	EXAMINER'S NAME (Type)	/ R. I	Breitene	cker, M/D			et, city, town, or cou	nty)		
	o FUNERAL Health ar	23	o. BURIAL, CREMATIC	IN. 23b. DATE TH		23c. NAME OF CEME		REMATORY	23d. LOCATION	(City or Town)	(Count	y) (Stote)
5 a = .	^ 2 ±		Burial (Specify	1	5, 1966	St. Loui	3			dlle, M	arylan	d
		- 3	4. FUNERAL DIRECTO	R		ADDRESS			C'D BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	IRE
VR	A15ME (5) M 1/66	H	arry H. W	itzke 321 (	Columbia	Pike -	tgot	DATE	MAR 4 1	966 gc	Marle	Judge

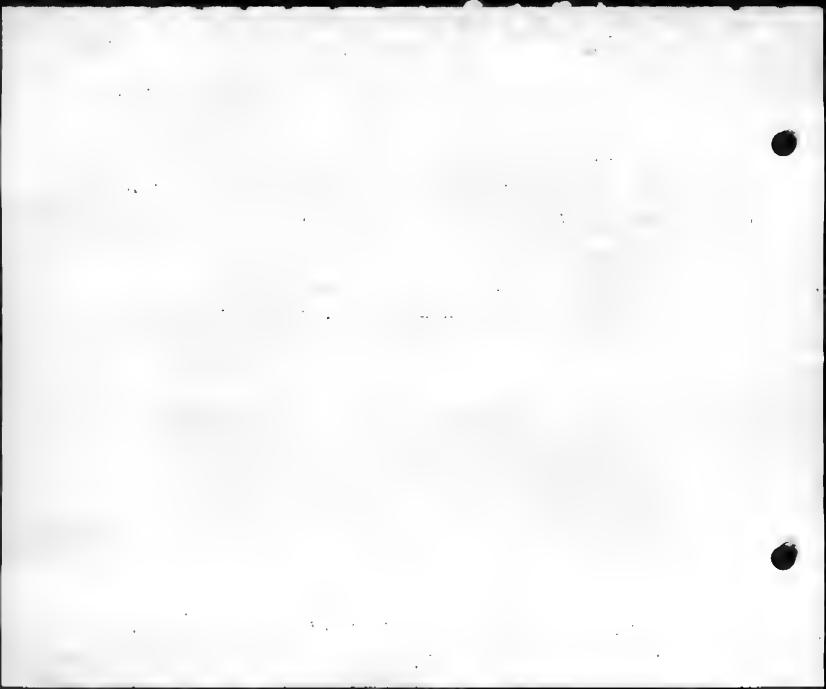


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phylidar and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please fine carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03049
CERTIFICATE OF DEATH

	CGCRO	7-000
L.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	Howard Maryland	Maryland Howard
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Ellicott City	Ellicott City
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS 6, IS RESIDENCE
		A Hale Haven Drive YES No □
_	4 Hale Haven Drive	A Transfer Tana A Cara on the Cara of the
3.	NAME OF First Middle DECEASED	DF
	(Type or print) JOHN GODWIN MASSEY	DEATH 1/2r.27.1966 19
ì.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday)   Months   Days   Hours   Min.
1	ale White WIDOWED DIVORCED	Feb. 13, 1919   47 yrs.
Da	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
lul	ring most of working life, even if retired)   INDUSTRY   Pari   Tutual   Race Track	Baltimore, Md
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Not Known	Lena Pease
15		INFORMANT Address
Y	es, no, or unkown) (If yes give war or dates of service)	
_		rs. Mary Katherine Massey, Same
	18. CAUSE DF BEATH (Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (a)	al Influction
	DUE TO	
	Conditions, If any, which ) (b) (dronace)	Thefomboses
	gave rise to immediate (	
	cause (a), stating the underlying cause last.	
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
Y		PERFORMED?
i	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
CEK	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	intes. (Line) liable of injery in vale ( ) vale ( ) of the injery in v
3	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bidg., etc.)
5	Mille   Mor write	ry, street, onice diag., etc.)
ž		.3// , 1960, to 3/27 , 19 66, that (1) (we) last
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 2/2/ 1966, and that	t death occurred atM, from the causes and on the date stated above
		22h DATE SIGNED
	22a. SIGNATURE	ATTENDING MED. STAFF
	John 6 / Felley M.C	D. PHYS. DIRECTOR PHYS. 1
	22c. PHYSICIAN'S NAME (Type)	ZZU. MODRESS
4		(8)44
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	
	Burial 3-30-1966   Arlington	National Arlington Va
	1. FUNERAL DIRECTOR ADURESS	A
]	F.C. Higinbothom, Ellicott City, Md	DAMAR 30 1966 Cleanley Judge
_		

VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3850 CERTIFICATE OF DEATH funeral and 2, 24 hours after death." USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Howard Maryland Howard completely filled in by the face carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dorsev Dorsev d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X Cedar Ave. Cedar Ave. YES . completely ve carbon p PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. DATE Year 3. NAME OF Middle Month Day Last DECEASED OF DEATH 19 66 (Type or print) FREDERICK Π. POWELL SR. March AGE (In years | IF UNDER 1 YEAR | IF UNOER 24 HRS 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO last birthday) Months Oays Hours any White Male WIDOWEO DIVORCED [ .1889 76 Sept 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) COUNTRY? Railroad U.S.A (Ret Pennsylvania Signalman FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа 10 FUNERAL DIRECTOR: After this certificate has been signed by the "Italianding pl director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova John M. Powell Emma Easton 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. Po, or unkowa) (If yes give war or dates of service) No 705/12/3669 Mrs. Ida M. Powell Same as INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO X YES OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While be retained by ATTENDING at work at work 19 19 (- -) 19(-6) that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 6 M, from the causes and on the date stated above. and that death odcurred at. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. STAFF PHYS. MED. OIRECTOR M.D. TO HOSPITAL C Page 4 may ! 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) Shipley MD Frank Sr BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. OATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) 1966 March14. Burial Meadowridoe Mem. Park Elkridbe RFD Md **FUNERAL OIRECTOR** ADORESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) GLEN BURNIE. 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEP

5 may be retained far your files.

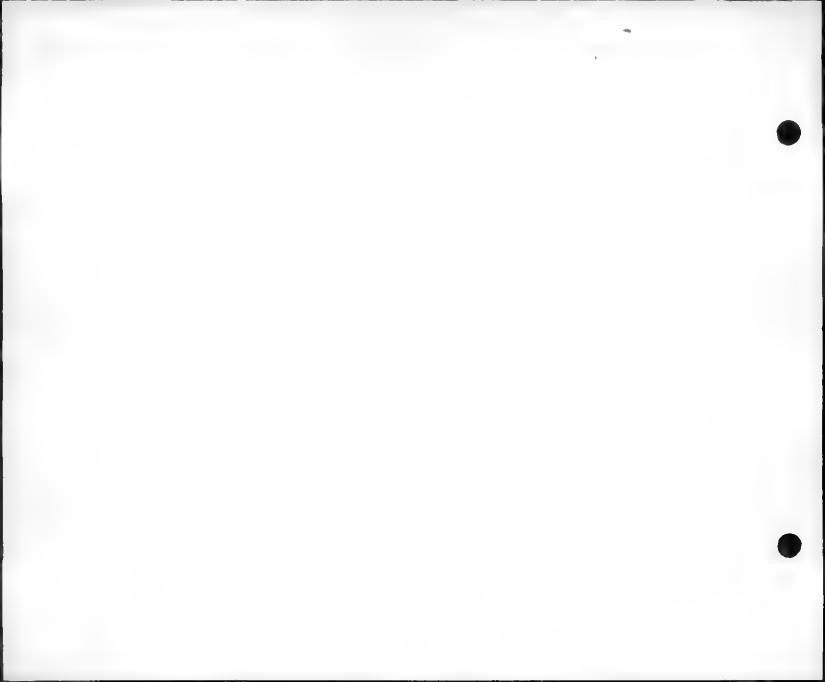
TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessory, please execute the certificate, writing the word "pending" in percitary lem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examinary, Office along with farm PM3. Page VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If Gry deloy is

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	93851		MED	ICAL EXAMI	VER'S	CERTIFICATE OF	DEATH		113841
1	PLACE OF DEATH					2. USUAL RESIDENCE (W)	here deceased lived, if i	nstitution: Resider	ice before admission)
	o COUNTY H	oward		MAR	YLAND	o. STATE Maryla	and	COUNTY HO	ward
		(If autside carparate limits	5,	c LENGTH OF STAY	IN Ib	c CITY OR TOWN (If auts	de carporate limits, wri	ite RURAL and giv	e neorest town)
		id give nearest town) 11icott Cit	V	:		Ellic	ott City		12-1
		TAL OR INSTITUT ON (If no		give street address)		d. STREET ADDRESS			e IS RESIDENCE
1	.08 Club,	Route 108				320 Cl	nurch Line		ON A FARM? YES NO
3	NAME OF	Fit	rst	Middle		Last	4 DATE	Manth	Day Year
	(Type or print)	THO	MAS	HERBER	T	ROBINSON	OF DEATH Ma	arch	2 19 66
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARR E	D     8	DATE OF B RTH	9 AGE (In ye	ars IF_JNDER	1 YEAR   IF UNDER 24 HRS
	Male	White	WIDOWED	DrVORCE		3/1/1910	last b rthd	ay) Manths yrs	Days Haurs Min
10c	USUAL OCCUPATION OF THE MARK TO BE ARE	N (Give kind of work done Little even firetired)		ND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (State of	r fare gn cauntry)	12 (I) CO	TIZEN OF WHAT
12	FATHER'S NAME	16 NOCK				-0////	11/4		
13.	Will	AM ROL	DINSO	N		SOPHIA	Y1491	ING	
		ER NUS ARMED FORCES?	16.	SOC AL SECURITY NO.	17 18	VEORMANT	3	Address	
(Y	es, na, or unknown)	(If yes give war or dates a	of service) 2	13-09-613.	2 1	AVINA F. R.	ObINSON	EllicoT	city 17d
	8 CAUSE OF D	EATH (Enter only one cau	ise per line far	(a), (b), and (c).)			-		INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY	Arte	riosclerot	ic Ca	rdiovascula:	r Disease.		ONSET AND DEATH
	: 121	DUE		2200202020					
	Conditions, if any	, which some 3							
	rise to immedia	te couse (o)	(p)						
	stating the unde	erlying cause DUE	10						
	last.	,	{c}						
TION	PART II OTHER S	GNIFICANT COND TONS CO	ONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO T	HE TERM NAL DISEASE COND	ITION GIVEN IN PART 1	(a)	19 WAS AUTOPSY PERFORMED? YES X NO
. Ş	20g. EXTERNAL C	ALICE VALVE 3211A	201-01	COURT NOW INTIMES O	CCHDDED /	[att [ ]		(0.)	10 [2] 10
CERTIFICATION	PRIMARY  or CO CAUSE OF DEATH.		200 01	SCRIBE HOW INJURY O	CCUKKED (	Enter nature of in ary in Po	ar or yar I at Item I	8 )	
MED CAL	20c. T ME OF INJ Hour a.	10	20d II While			E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f (City ar tov	rn) (Car	unty) (State)
		y that I took charge			have hal	d an Autaney (SZ)	Inspect on .	Inquiry [],	and in my apinian
		-					_		יים ווני וווא שף וווים ווים וווים וו
	a earn resur	ted from: <u>Natura</u>	n conses  x	(ccident	l, Suica		, Undetermine	a manner	J
	ACTUAL		. /			CHIEF MEDICAL E			AN DATE CLONED
	SIGNATURE	( hade	- 3 /	elles		m.v	AL EXAMINER X		22. DATE SIGNED
	EXAMINER'S NAME (Type)	Charles S	. Pett	у, <sup>0</sup> м.D.		DEPUTY MEDICAL Address (Street,	EXAMINER sity, town, or county)		3/3/66
230	BUR AL, CREMATI	ON, 23b DATE THE	FREOF	23c NAME OF CEM	ETERY OR C	REMATORY	23d LOCATION (City	or Town)	(County) (State)
	REMOVAL (Specify	1 2/7/	100	Goodsh	, ,		Hownyd		Md.
- 0	SURIA FUNERAL DIRECTO		0 0		Pile				. , - ,
2	1 03 -	ic Walt	B	alto 2/2	281	70	BY REGISTRAR 25	Sb REGISTRAR S.S	I SHAPPER

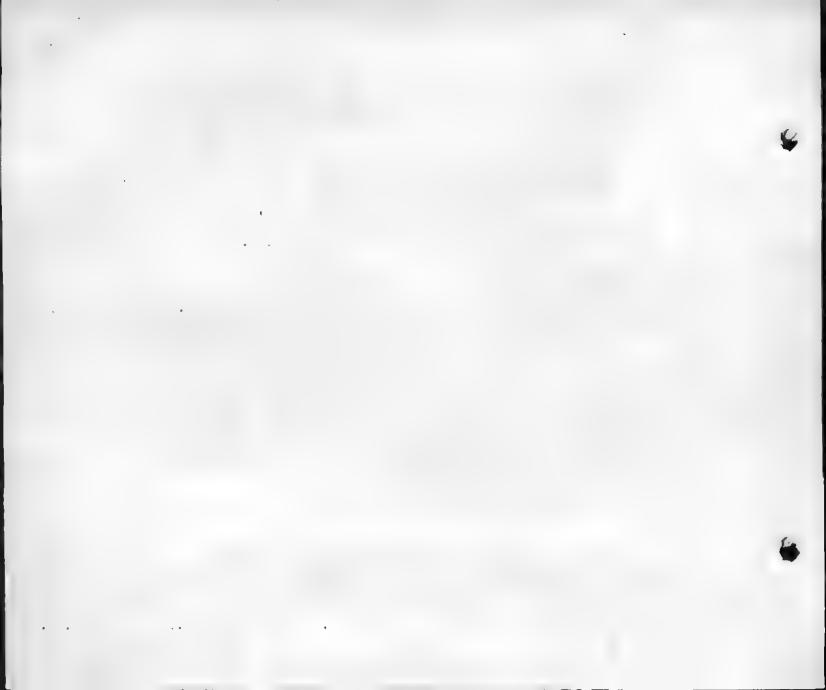


The law requires that the death certificate be executed within 24 hours after completely filled in by the funeral by papers. Pages 1 and 2 should ithin 72 hours after death. TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be exerdeath. Page 1. 19 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complication, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 15M 7 61

DIVISION OF STATISTICAL RESEARCH AND RECO	
03852 CERTIFICA	ATE OF DEATH U3842
PLACE OF DEATH  e. COUNTY  HOWARD  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN write RURAL and give nearest town)  Elkridge  d NAME OF HOSP TAL OR (INSTITUTION (if not in hospital, give street address)	· · · · · · · · · · · · · · · · · · ·
Box 246 Washington Blvd  NAME OF DECEASED (Type or print)  Lawra Burton Starling  6 COLOR OR RACE   7. MARRIED   NEVER MARRIED    W WIDOWED DIVORCED	Box 246 Washington Blvd  Last  4. DATE OF BEATH  BOTH  9. AGE (In years   IF UNDER I VEAR IF UNDER 24 HI  September 21, 1881 84 yrs.  USTRY 11. BIRTHP. ACE (County & Stelle, or foreign country)  Mount Airy, N. Carolina  USA
George W. Jones	14. MOTHER'S MAIDEN NAME  unknown
18. CAUSE OF DEATH (Enter only one cause ber line for (e), (b) end (c).]  PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (e), stating the underlying DJE TO	Ethel Mae Day Box 246 Wash. Blvd, Elkridge, M interval Etiween overlynd Death sclerosis  Mole
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO-PERFORMED PERFORMED YES NO
Hour a.m. While Not While et work et work	PLACE OF INUURY (Home, ferm, factory, street, office bidg a etc.) (C'ty or town) (County) (Stele
220. SIGNATURE MANUELSHIPLEY	that deeth occured an
220 PHYS CAN'S NAME (Type) Frank E, Shipley 238, BURIAL, CREMATION, 236 DATE THEREOF 236, NAME OF CEMETE	22d, ADDRESS  REY OR CREMATORY   23d, (OCATION (City, lown or county)   (State)
PEMOVAL - (Specify)	tery, Mt. Airy Surry Co., N. C.
De Mett Longlason Laurel, Mid.	- HAR 22 1966 garantes Judge -

MARYLAND STATE DEPARTMENT OF HEALTH



G.C. Higinbothom, Ellicott City, Nd

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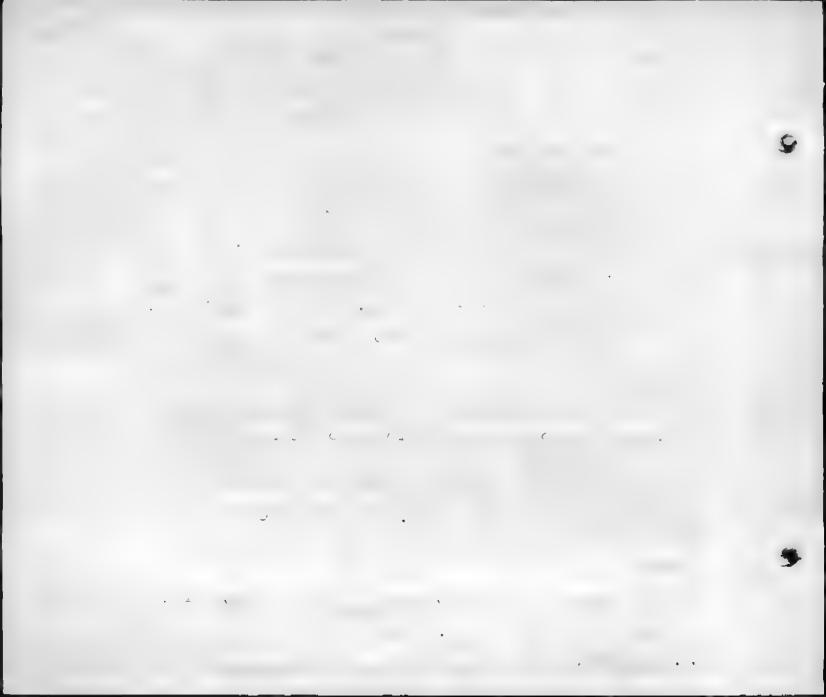
2 ofter death

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

	03053	***************************************		CERTII	FICA	TE OF DEATH			Reg. Dis	() t. No.	38	43
1.	PLACE OF DEATH o. COUNTY Howard			MARY	AND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	b. COUNTY	on Residenc	e before	admiss	ion)
	b. CITY OR TOWN (I RURAL and give no Highlan	f outside corporate fimi parest lawn) Id	ts, write	c. LENGTH OF STAY I	N IP	e. CITY OR TOWN (IF or	rtside carpo	orate limits, write R	URAL and g	ive negre	st town	-)
		AL (If not in hospital, g	jive street	oddress)		d. STREET ADDRESS					ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fir WH TU		Middle THARTM		Last	4. DATE OF DEATH	Mor		Day		Year 19
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIE	ρПΙ	B. DATE OF BIRTH		9 AGE (In yours	IF UNDER		/ //	
	Male	White	WIDOWE	DIVORCED	, o	Aug. 13, 190	g	last birthday) 57 yrs.	Months	Days	Hours	Min.
10		ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11 BIRTHPLACE (Stote of		country]	12. CIT	ZEN OF	WHAT	COUNT
	Retired	ang me, ever ir renreo	<u>'</u>	Journalist		Brunswic						
13.	. FATHER'S NAME					14. MOTHER'S MAIDEN N.	AME					
	Daniel C	.Tharin				Wabelle 1	hitn	eу				
1 S. (Y	WAS DECEASED EVE es, no, or unknown) NO	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	social security no. 7–32–3849		rs.Elizabeth	Thari	Add n, Highlar				
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	) C	e for (a), (b), ond (c).] erebral h		orrhage				INTER ONSE 1115	VAL BE	TWEEN DEATH nt
	gave rise to in cause (a), stating lying cause last.	mmediate (										
MEDICAL CERTIFICATION	Asthenia	& chron				NOT RELATED TO THE TERMIN			EN IN PART		PERFO	AUTOPSY RMED? NO K
L CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREC	). (Enter nature of injury in P	art I ar Por	rt 11 of item 18.)				
MEDICA	20c. TIME OF INJUR Hour o. ft. p. m.	Y Manth, Day, Ye 19	While of work	Not while	20e. PLA fac	CE OF INJURY (Home, form, tary, street, office bldg., etc.)			(C	ounty}		{State
		ot lottended the arch 23	126	od from Jan 6, and that	death	occurred ot 9:001				ast sow e dote	state	deceased aba
	PHYSICIAN'S NAME (Type) C	harles S.	Whi	taker, M.	D.	Clarks	/111e	e, Maryl	and		3-2	6-66
22	o. BURIAL, CREMATIO REMOVAL (Specify) Durial	3-27-1°		St. Taz		CREMATORY		TION (City, lown, o			(Stote	
200	CINCOL DIRECTOR	C DIGNIATION		1000000								

may be retained. The haspital or ottending physician.

TO FUNERAL DIRECTOR After this carrificate has bean signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed will the registrar prior to burial, cremation, or removal, and in any event within 72 hours after Douth. TO HOSPITAL OR



#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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FOR STATE		
HEALTH DIPT.	1	P
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and

haurs after death

24

This certificate should be executed with

please execute the certificate, writing the ward

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should

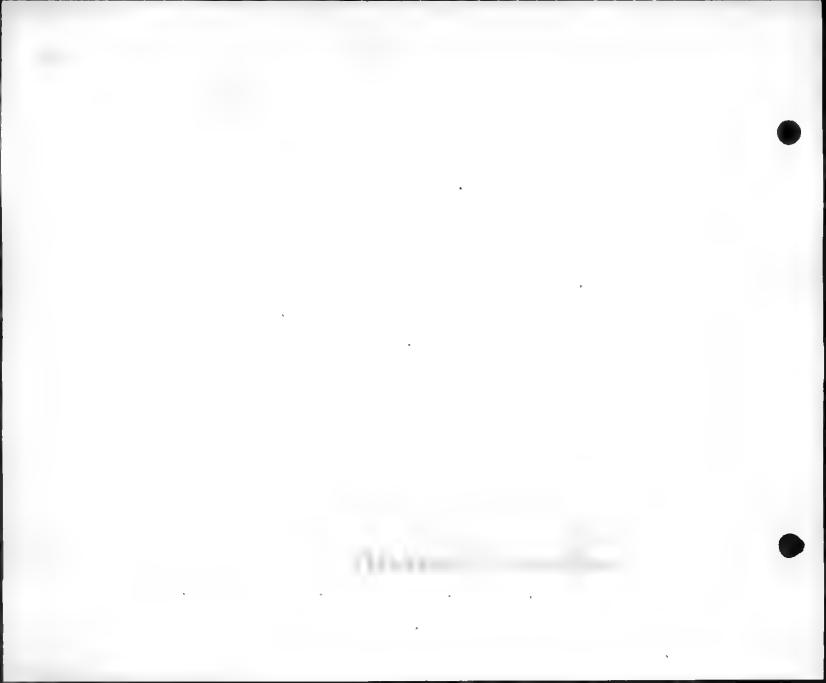
the funeral director.

TO DEPUTY

Chief Medical Examiner's

LACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) COUNTY Howard MARYLANO Marryland Howard Department a b CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town)
Clarksville after ( Clarksville e IS RESIDENCE ON A FARM? a NAME OF HOSP TAL OR INSTITUT ON (If not in hosp to), give street address) d. STREET ADDRESS hours 102 Thompson Drive YES NO X State 102 Thompson Drive 3 NAME OF Middle 4 DATE Month DECEASED March 3.1966 JOSEPHINE J.WARFIELD (Type or print) DEATH 19 S SEX 6 COLOR OR RACE 8 OATE OF BIRTH 9 AGE (In years IF LINGER I YEAR IF UNDER 24 HRS 7 MARRIEO NEVER MARRIEO ost birthdoy) Hours White April 24.1894 Female WIDOWED DIVORCEO event 11 B.RTHPLACE (Stote or fore an country) 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Guilford, Maryland dny At Home 14 MOTHER'S MAIOEN NAME 13 FATHER'S NAME ⊑ Tone Johnson George M. Johnson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) If If yes give war or dates of service) William C. Warfield, 102 Thompson Drive. Nane 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET, AND OFATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Congestive Heart Failure Б crematian, Conditions, if ony, which gove (b) Arteriosclerotic cardio-vascular disease 2 years rise to immediate couse (a). DHE TO stoting the underlying couse 19 WAS ALTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X prior to 200 EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II) of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY Month, Cay, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. While Not While foctory, street, office bldq., etc.) may be retained for your FUNERAL DIRECTOR: Page of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Inquity X. and in my apinian death resulted from. Natural causes . Accident . Suicide . Homicide ! Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER 0 **EXAMINER'S** 3-4-1966 Thomas F. Herbert M.D. Church Road . Eldingtet , City of Tone 5 may TO FUNE Health NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVA (Spac fy) Ellicott City, Md 3-6-1966 St. Johns 24 FUNERAL DIRECTOR AOORESS 250 RECD BY REGISTRAR 2Sh REGISTRAR'S S GNATHERE F.C. Higinbothom, Ellicott City, Md

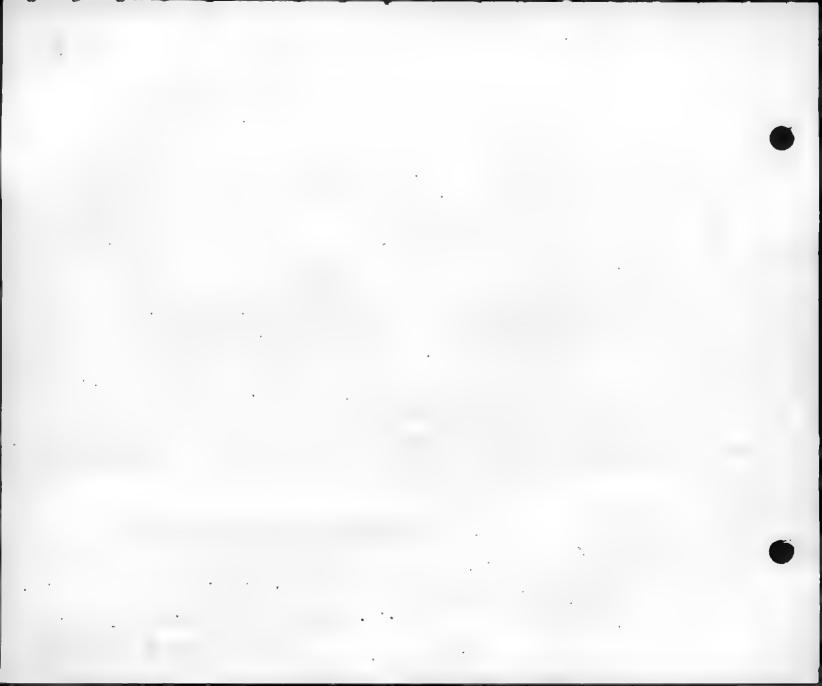
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# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		03855	MEDI	CAL EXAMINER'S	CERTIFICATE O	F DEATH	03845
IEALTH DEPT. 『2島 ちょ		COUNTY		******	o STATE	Where deceosed lived, if institu b. COU	tion. Residence before odmission)
elay s id 3 to i. Page rent af death,		Howard  I. CITY OR TOWN (If outside of	orporote limits,	MARYLAND LENGTH OF STAY IN 1b	COTY OR TOWN (If or	itside corporate limits, write RU	RAL and give nearest town]
2, and 2, and PM3.		write RURAL and give near Ellicott Ci			Baltimo	277.0	30-4
P P off			ITUTION (If not in hospital, giv	ve street address)	d STREET ADDRESS	YT G	IS RESIDENCE ON A FARM?
death If any delay Pages 1, 2, and 3 with farm PM3. Pa e State Department 72 haurs after deal	p <sub>2</sub>	tapsco State_	Park near Rt.	40	5008 Pim	ico Road	YES NO X
25 = 20	3	NAME OF DECEASED	First	Middle	Lost	4 DATE Mon	th Day Year
		Type or print) ARTH	The second secon	WAXMAN		DEATH March	
	S	EX 6 COLOR	OR RACE 7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
N - 1 - 2 + -		Tale Whi		DIVORCED	April 4,1913	3 52 yrs	
	dur	USUAL OCCUPATION (Give kind ng most of working life, even if		D OF BUSINESS OR USTRY	11 BIRTHPLACE (Stote	or foreign country)	2 CIT ZEN OF WHAT COUNTRY?
hin 24 ncol in niner s pages 1 in any		ectrical Engr			Norfolk	Va	450
Third number of the page of th		3				NAME	
d will be Exar	13	WAS DECEASED EVER IN U.S. AR	MED EVDUCES 14 CO	OCIAL SECURITY NO 17	IRose ?	Addr	att
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n∎ull be ≡xecuted word "pending" i the Chief Medical r'al-transit permit. otion, ar remaval,		PART I. DEATH WAS CA	USED BY		Lysian		OWSET ANY DEADLE
shmull be me word "per or the Chief? burial-transit mation, ar re	1	4201	EDIATE CAUSE (o)	riving occ	A WEEL		143/22
e shwull the word to the C burial-tru emation,		Conditions, if ony, which gov	(e) (h)				
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This certifr≡te sh≡ull cate, writing the word be farwarded to the ( be used as a burial-tr r ta burial, cremation,	2	PART II OTHER 5 GNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN N PART 1(0)	19 WAS AJTOPSY PERFORMED?
orte, orte, re far be ur to b	CATIO						YES NO X
海 무 모 모	CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CAUSE OF DEATH	20b DESC	RIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port 1 or Port II of Item 18)	
the cert the cert the shaula the shaula r files. 3 shoulant, pr	MEDICAL	20c. TIME OF INJURY Month	Day, Yeor 20d INI		ACE OF INJURY (Home, form		(County) (Stote)
Amile of the company	MED	Hour o.m.	19 While	Not While of twork	ctory, street, office bldg., etc		
execute or Page of far yar Jok: Pagganated a		21. I certify that I	took charge of the rem		eld an Autopsy 🔲,	Inspection 🛣 , Inq	uiry ond in my apinio
EDTCAL EN case execut irector Pag ained for y RECTOR: Pag designated		death resulted fram:	Natural causes	, Accident , Sui	cide 🔲 Homicide		nonner 🗌
ED dase dase RECT RECT RECT DASE DE LA COMPANSION DE LA C		ACTUAL	2	1 1	CHIEF MEDICAL	EXAMINER	***************************************
is a die		SIGNATURE US	mund A	ervery,	m.v	ICAL EXAMINER	22. DATE SIGNED
o DILLIY ESTAR EXAM necessory, please execute the funeral director Page 4 5 may be retained for your 0 FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type)Thomas	F. Herbert M.D	. W. Church F		AL EXAMINER X	3-21-1966
necesso the fun 5 may 0 FUNE Health	230		236 DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or To	
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	î	REMOVAL (Spec fy)	3/21/66	Brai 1	Porael	Bello	mel
0	24	FUNERAL DIRECTOR		ADDRESS			EGISTRAR S SIGNATURE
VR ATSME (5)	1,	sylvan de	uno a Son	3319 Oky	mpen DMAR	23 1966 12	leavley Judge

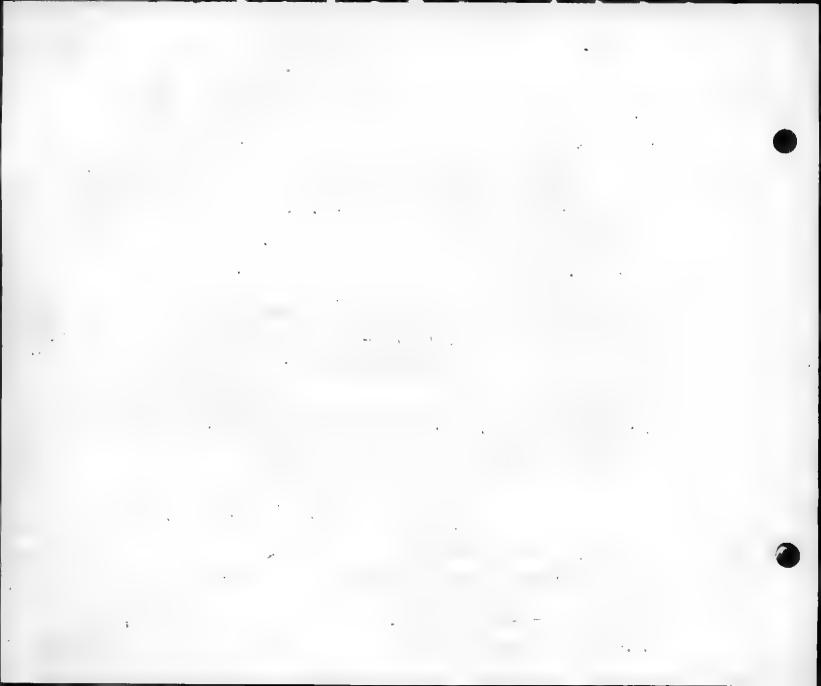
4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOI	RE 1. MARYLAND
St. And St. An	E BOY	03856 CERTIFICATE OF DEATH	03846
	after death, the funeral ges 1 and safter death	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If inst b. COUNTY  b. COUNTY	
	ter of the further of the contractions of the contraction of the contractions of the contraction of	A our Tel MARYLAND MARYLAND	1 toward
	rs afto by th Pages urs aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	te RURAL and give nearest town
	24 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	8. IS RESIDENCE
	ited within 24 hours after completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after	2015 London Ave- 2015 London - av	ON A FARM?
	executed within and completely in remove carbon p	3. NAME OF DECEASED First Middle Last 4. DATE Month	
	ed w	(Type or print) wants war war war and the part of BIRTH War. 19. AGE (In years)	IF UNDER 1 YEAR JIF UNDER 24 HRS
	execut n and con remove in any e	make. whete widowed Divorced 10/14/1900 65 yrs.	Months Days Hours Min.
	in a	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   INDUSTRY   11. BIRT HPLACE (County & State, or foreign country lindustry)	) 12. CITIZEN OF WHAT COUNTRY?
	physici n negs (al, and	13. FATHER'S NAME	-4.S.A
	tifica north	2 M 1 (C -1) (1)	
	cer andir t. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16/SOCIAL SECURITY NO.   17. INFORMANT Address	is .
	eath atte ermi	(Yes, no, or unknown) (If yes give war or dates of service) I mad Helen Melguran	,
	he d y the sit p mati	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	hat the death certifica ician. hed by the attending pl transit permit. Then the cremation, or remova	IMMEDIATE CAUSE (a)	ma
	uires that the g physician. In signed by the burial-transit burial, cremat	Cenditions, If any, which   DUE TO   John Jack   Jessey	4.100
	requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then these or to burial, cremation, or removal, and	gave rise to immediate cause (a), stating the DUE TO Low Mo Laston and	Bearing
	law intendition	underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
	N: The law required or attending it or attending if or use as the bit health prior to be the bit health brior to be the bit healt	ICATI	PERFORMED? YES NO
	CIA Sspi Sspi cert cert ned t. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 2001.  200. ACCIDENT WAS UNDERLYING   2001. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II or OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	i item 18.)
	TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the his TO FUNERAL DIRECTOR: After this director, page 3 should be detach should be filed with the State Dep	20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  While Not While at work at work	(County) (State)
	bing and phy After After Id be contact of the conta	21. I certify that (I) (this hospital) attended the deceased from 19/10, to 11/10, to	2219 that (i) (we) las
_	OR ATTEND! be retained JIRECTOR: A ge 3 should ed with the	saw the deceased alive on Mell 22 19 Land that death occurred at 12 M, from the causes	and on the date stated above
	DR A pe re	228. SIGNATURE  M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	Page 4 may loo Funeral Dage 4 may loo Funeral Dagector, page should be file	M.D. PHYS. DIRECTOR PHYS. 1  22c. PHYSICIAN'S 22d. ADDRESS NAME (Tyme) P.	X Fish med a
	de 4 ge 4	238. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CHIMETERY, OR CRIMATORY 23d. LOCATION (City, to	own or county) (State) 7
	TO Page direction of the sheet	REMOVAL (Specify) 3 46/66 Markon ridge Com. Elkridge	de Ind.
	100 ALS (1) AP		GISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	23. Ind.	
	V	40,700	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove patron papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cnemation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND													
03257 Thomas CERTIFICATE								·				113847	
1.	PLACE OF DEATH a. COUNTY		Lten	<u>r</u>	tilm (i)	<del>/2-</del>	a. STAT	FE	(Where	deceased lived, If Insti		sidence before admission)	
_	Howard	M /if outside corners	to limite	1.0	MARYL			TOWN (If o	uitelda c	HOW Arnorate Umits writ	ard a RIRAL	and give nearest town)	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Engl. on Simpsonville													
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?												
	imons Re	st Home				į	Simo	ons/Re	st/H	one/		YES NO X	
3.	NAME OF DECEASED (Type or print)	THERESA	irst W	EYR	Middle ICH		Last		4. DAT DF DEA	TH March	23,19	Day Year 966 19	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D 🔲	NEVER MARRIED	X 8	. DATE OF	BIRTH	- 1	9. AGE (In years   I	FUNDER I	LYEAR IFUNDER 24 HRS. Days Hours Min.	
_	Female	White'	WIDOWE	Lund	OJVORCED		Nov. 29			93 yrs.			
10a dur	ing most of work	ION (Give kind of work ing life, even if retire	done 10b.	KIND INDU:	OF BUSINESS OR Stry					ite, or foreign country)		TIZEN OF WHAT UNTRY?	
12	At ho						14. MOTH	known				USA	
14		f.Weyrich								rmrodt			
15	WAS DECEASED	EVER IN U.S. ARMED FO	ORCES?   10	6. SOC	IAL SECURITY NO.	17.	INFORMANT			Address	5		
(TE	s, ne, er unkown)	(If yes give war or dates	3T SHIVICE)	N	one	S:	imons F	Rest H	lome :	records			
-		DEATH [Enter only or	-	line f								INTERVAL BETWEEN	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	U	REMI	4						2/405.	
	Conditions, If any, which ) OUE TO NEPHROSCLER						ERO	515				10 YRS.	
	gave rise to cause (a), s	Immediate (	(D)										
~	underlying caus	e last.	(c)										
ICATIO	0.0	CIND MA	ONS CONTRI	_	STEA'S	And in concession, where	SUP	ERMINAL DI	ISEASE CO	the second second	FART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  1. STEAS (Surgery) 19 YKS 1673  203. ACCIDENT WAS UNDERLYING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  204. CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							)						
MEDICAL		INUURY Month, Day, n.	Year 20d.	le —	Not While -	0e. PLAC factor	CE OF INJURY ry, street, offi	Y (Home, far ce bldg., et	m, 20f.	. (City or town)	(Cou	nty) (State)	
ME	(D.1)				at work		11-	10	56.	3/23	\$ 106	6. that (I) (web last	
21. I certify that (I) (this hospital) attended the deceased from 1956, to 5/13, 1966, and that death occurred at 3/14, from the causes and on the causes and on the causes are considered at 1966.							the date stated above.						
	22a. SIGNATU		< 1	-/ 8			ATTENDIA		ED.	STAFF	22b. D/	ATE SIGNED	
	22c. PHYSICIA	NA RES	> 0	40	when,	M.D.	. PHYS.	DDRESS D	IRECTOR	PHYS.		3/23/66	
	NAME (T		کہ ک	- 1	UHITAK	EK	149,		itrele	SULLI	= /	4D.	
232	BURIAL, CREM	orlfv)	THEREOF	2	Be. NAME OF CE	METERY	OR CREMAT	ORY	23d.	LOCATION (City, to			
24	Burnis 3-25-1966 St. Marks Highland Md 24. FUNERAL DIRECTOR ADDRESS (252. REC'D BY REGISTRAR'S SIGNATURE												
	F.C. Higinbothom, Ellicott City, Md DMAR 28 1966 Acharles Judge												

VR A15 (4) 20M 1/65



FOR STATE! HEALTH DEPT.

DI AGE OF DEATH

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 liours after death. If any delay increasing, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burlal, cremation, or removal, and in my event within 72 hours after death. TO DEPUTY MEDIC.

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VR AISME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND

-	DIAISIDII OI	STATISTICAL RESEA	KUN AND KECUKU:	S, JUI W. PRESIUM	SIKEEL, DALIMUKE	. 19
0	3858	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

a. COUNTY			a. STATE	INENCE (Where	b. COUP		INC DESUIT MUNITI	221011)		
Howard		MARYLAN	Maryl			Howan				
b. CITY DR TDWN (if outside cor rulla TURAL and give neares Daytor	porate limits, t town) 1	c. LENGTH OF STAY IN		VN (If outside - Day	corporate limits, wi	Ite RURAL and	give nearest to	lown)		
d. NAME OF HOSPITAL OR INSTIT	UTION (if not in		d, STREET ADD	RESS			6. IS RESIDE	ENCE		
Howard Road			Howar	d Road	l			0 🔀		
3. NAME OF DECEASED	First	Middle	Last	4. DA		_	ay Year	-		
(Type or print) Elsie  5. SEX   6. COLOR OR R	Do	prothy	Whitehurs		ATH Man  9. AGE (In years		4 19 60			
		NEVER MARRIED			last birthdey)	Months Day		Min.		
female   white	WIDOWE		1/25/93		73 yrs.					
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	work done   10b. etired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA	WCE (State or to	oreign country)	COUNT	N OF WHAT RY?			
Secreterial	T	JSGov't		ouri			USA			
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME						
John McCuistion	1		Ann E	Barham						
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) i (If yes give way or d	EDFORCES?   16	. SOCIAL SECURITY NO.	17. INFORMANT		Addre	SS				
no (11 yes give war tru		- B	en Whiteh	urst (	husband)	Dayto	on, MD			
PART I. DEATH WAS CAUSE	18. CAUSE DF BEATH [Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Coronarykthrombosis  DUE TO						NSET AND DEA	ATH		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO									
PART II. OTHER SIGNIFICANT CON							9. WAS AUTO PERFORME YES NO	ED?		
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ! CAUSE OF DEATH.	20b.	DESCRIBE HOW INJURY	OCCURRED. (Enter nat	ture of Injury it	n Part 1 or Pert 11 (	of Item 18.)				
PART II. OTHER SIGNIFICANT CON  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING (CAUSE OF DEATH.)  20c. TIME OF INJURY Month, Hour s.m. p.m.	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED State PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work at work									
21. I certify that I took of death resulted from: Na	harge of the re tural causes			, Inspec	Undetermined	- re-eri	and in my opi	inion		
(10)	1 -	112		EDICAL EXAMIN				ANCE		
SIGNATURE MEDICAL EXAMINER 22. DATE SIGN										
EXAMINER'S Charles	C What	4-1		MEDICAL EXAM			3-4-66	-		
		taker, M.D			own, or county)Cl					
23a. BURIAL, CREMATION, 23b. D REMOVAL (Specify)					ashington,		) (State	6)		
	-1966	J.William I			EGISTRAR   25b.		CNATURE			
F.C. Higinbothom, El	Llicott C	ity, Md	25a	MAR 7	1966	Coules,	Judge			

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY Howard O. STATE Tennessee b. COUNTY 2, and 3 to PM3. Page 0 death. MARYLAND deloy partment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give near Water 100 ofter Surgoinsville d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) long with form De hours Item 18. Give Poges 1, This certificate should be executed within 24 hours ofter death. If US 1 between Laurel & Waterloo ore 3. NAME OF First Middle Lost 4 DATE Month DECEASED THOMAS March 19 E. WILLIAMS (Type or print DEATH hin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years male caucasian birthdoy) 0 3/16/1900 WIDOWED DIVORCED Office 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ev during most of working life, even if retired) INDUSTRY any Coal Miner word "pending" in pencil in the Chief Medical Exominer's Unicos Co. Tenn poges 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2 and William Williams Roda Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removol (Yes, no, or unknown) (If yes give wor or dotes of service) Colboch-Price Funeral Home Rogersville, Tenn 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries 70 IMMEDIATE CAUSE (o) please execute the certificate, writing the word cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), Page 4 should be forwarded to DUE TO stoting the underlying couse 0 SO burial, a

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS PRIMARY Programmer Contributing □

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) pedestrian struck by auto

CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 7:15 How o.m. Not While 19 66 K ot work of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)
ni.way 21. I certify that I took charge of the remains described above, held an Autopsy

Suicide 1

(City or town) (County) Rt. 1 Howard Inquiry

Undetermined manner

Md. and in my apinion

(Stote)

19. WAS AUTOPSY PERFORMED?

YES KX NO

death resulted fram: Natural causes Accident -ACTUAL SIGNATURE

3/23/66

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

250. REC'D BY REGISTRAR

Hamicide

22. DATE SIGNED 3/20/66

**EXAMINER'S** Charles S. Petty NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Family Plot Cemetery

23d. LOCATION (City or Town)

Rogersville, Tenn

(County) (Stote)

REMOVAL (Specify) Buria 24. FUNERAL DIRECTOR

CERTIFICATION

its designoted ogent, prior to

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Health Moy

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for

retained

the funeral director.

Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202

20f

Inspection |

2Sb. REGISTRAR'S SIGNATURE Ocharles

Hawkins

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

U.S.A

e. IS RESIDENCE ON A FARM?

YES NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 66

VR A15ME (5) 6M 1/66

FUNERAL I

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